PTO/SB/17 (10-08)
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	TO THE STATE OF TH	1880, No person are re-	quired to	respond to a conecu				ID COITEOI NUME
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Filing Date		March 15, 2004		
						Hansjorg AN		
For FY 2009				Examiner Name		A. P. Desai		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1794		
TOTAL AMOUNT OF PAYMENT (\$) 1,170.00				Attorney Docket No. 3868-0156				
METHOD OF PA	YMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the abo	ve-identified depo	sit account, the Dire	ector is	hereby authorize	ed to: (che	ck all that apply)	
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe								
fee(s)	under 37 CFR 1.	ee(s) or underpaym 16 and 1.17	ents of	x Credit	any overp	ayments		
FEE CALCULAT								
1. BASIC FILING, S								
	FI	JNG FEES Small Entity	SEA	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM	FEES							Small Entity
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 52	Fee (\$) 26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims				e Paid (\$) Multiple Dependent Claims				1
16 -22 or HP x =					Fe	e (\$)	Fee Paid (<u>s)</u>
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
Indep. Claims 1 -3 or	Paid (\$)							
HP = highest number or		paid for, if greater than 3						
3. APPLICATION SI								
If the specification listings under 3	and drawings ex 7 CFR 1.52(e)), ti	he application size	fee due	is \$270 (\$135 fe	onically fil or small er	ed sequence or itity) for each a	computer	0
sheets or fraction	n thereof. See 35	U.S.C. 41(a)(1)(G	i) and 3	7 CFR 1.16(s).				
Total Sheets	Extra Sheets	/50 =		ditional 50 or frac			Fee_	Paid (\$)
- 100 = /50 = (round up to a whole number) x =								
First month Extension of Time previously paid on January 25, 2010.								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1252 Extension for response within second month								10.00 50.00
SUBMITTED BY	Λ	V						
Signature	mature Rames Rame Ra			Registration No. Attorney/Agent) 28,380		Telephone (703) 205-8015		5-8015
Name (Print/Type) James M. Slattery			ulomey/Agent)		Date February 24, 2010			
7	Sidilory		\leftarrow				· cordary .	L-7, 2010